

16523 U.S. PTO
08/01/03

Attorney Docket No.: S01389.70015.US

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| <p style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL</p> <p><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i></p> | Docket No. | S01389.70015.US |
| | First Named Inventor or Application Identifier | |
| | FUSARI, David | |
| | Express Mail Label No. | EV 292545143US |
| | Date of Deposit | August 1, 2003 |

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| <p style="text-align: center;">APPLICATION ELEMENTS</p> <p><i>See MPEP chapter 600 concerning utility patent application contents</i></p> | | <p>ADDRESS TO:</p> <p>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> |
| <p>1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i></p> <p>3. <input checked="" type="checkbox"/> Specification [Total pages 45] 34 - pages description 1 - pages abstract 10 - pages claims 35 - Total claims</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 4] <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal [Total drawings 5]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>If 5b is checked the entire disclosure of prior applications,</p> <p>Serial No. _____</p> <p>from which an oath or declaration is supplied, is considered as part of the disclosure of the accompanying application as is hereby incorporated by reference therein. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet, See 37 CFR 1.76</p> | | <p>7. <input type="checkbox"/> CD-ROM or CD-R, in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
| <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> | | |
| <p>9. <input type="checkbox"/> Assignment Papers/cover sheet & documents(s)</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation of Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Certification Under 35 U.S.C. §122(b)(2)(B)(ii)</p> <p>17. <input type="checkbox"/> Other: _____ _____</p> | | |

18. NOTE TO PRACTITIONERS: If a CONTINUING APPLICATION, supply the requisite priority or continuity information in (1) the body of the application, or in a preliminary amendment, and (2) in an Application Data Sheet under 37 CFR 1.76.

19. CORRESPONDENCE ADDRESS

Correspondence address below

CUSTOMER NUMBER:



23628

OR (do NOT use both)

| | | | | | |
|-----------------|--|-----------|--|-----|--|
| ATTORNEY'S NAME | | | | | |
| FIRM NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | STATE | | ZIP | |
| COUNTRY | | TELEPHONE | | FAX | |

20. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | |
|-----------|------------------------------------|
| NAME | Richard F. Giunta, Reg. No. 36,149 |
| SIGNATURE | <i>Richard F. Giunta</i> |
| DATE | 8/1/03 |